The Office of the National Coordinator for Health Information Technology

Health Information Exchange Strategic and Operational Plan Profile

Overview

The State of New Jersey is committed to building on existing health information technology and exchange investments in developing a strategy for providers in the state to meet the EHR Incentive Program meaningful use requirements. It has developed a strategy for health information exchange that includes first strengthening exchange in local nodes and then creating a "network-of-networks" linking four regional health information exchange organizations (RHIOs) to create statewide coverage.

Model and Services

The New Jersey plan builds the capacity of local/regional exchange efforts. The state will use a large portion of the funds to support four local RHIOs in increasing data liquidity and supporting providers in achieving meaningful use. The work to strengthen the capacity of local exchange will be paired with strategic policy and operational interventions to increase lab data liquidity and e-prescribing participation statewide:



Contact:

\$11,408,594

Colleen Woods

Website:

Other Related ONC funding in New Jersey:

Health Information Technology Regional Extension Centers (RECs) \$23,048,351

- Enable lab results delivery from Quest Diagnostics using the NHIN Direct specifications.
- Implement regulations that will require commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians.
- Implement a statewide education program on e-prescribing that targets the 15% of pharmacies not currently enabled for this functionality. This includes identification and monitoring of the targeted pharmacies.

In a later phase, that state will support node to node exchange and other services. The planned statewide services will include:

- Statewide broker/backbone that will connect HIEs
 - o Record locator services to find location of patient records across the state
 - o Patient health record services
- State-provided data from key registries (Immunization, Lead, Public Health, etc.)
- State-provided data on Medicaid Medication History
- State-provided Master Patient Index/Master Client Index (MPI/MCI)

 NJHIN stored "master" Record Locator Service for Standalone EHRs and out-of-state provider access



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Highlights

- Supporting Innovation: New Jersey has a special focus on incentivizing creative innovation within the state. They have established the HIT Innovation Center which is a partnership between the St. Barnabus healthcare system and the New Jersey Institute of Technology. There is a program under development to use NJIT students to create and develop HIT applications as well. The HIT Coordinator Office, the NJ-HITEC and the Innovation Center will be sponsoring an Innovation Summit in early 2011 to feature pilot projects already in place as well as special projects for future consideration. They also continue to emphasize and support a number of innovative projects currently in place across the state including:
 - o Meridian Home Health Pilot
 - o Bergen Regional Center Behavioral Health Pilot
 - o Virtua Personal Health Records
 - o St Joe's Telemedicine
- Advancing Multi-State Collaboration: New Jersey has expressed an interest in leading new multi-state coordination activities for the mid-Atlantic region. All multi-state HIE coordination initiatives New Jersey is exploring will be in accordance with NHIN standards for communication and interaction. These include:
 - Hosting a multi-state collaboration event New Jersey plans to host its own multistate collaboration event with surrounding states, to focus on sharing of plans and establishing an interstate approach for secure HIE.
 - O Project Management focus on multi-state pilots New Jersey plans to assign full-time project management support to oversee and coordinate several interstate secure HIE pilot initiatives.
 - O Regional HIE data exchange Three regional HIEs (South Jersey HIE, the Virtua HIE, and the South Jersey Health System HIE) have plans to exchange data in late 2010/early 2011 with Fox Chase Cancer Center's HIE, located in Philadelphia, Pennsylvania.



Meaningful Use

<u>Landscape</u> <u>Strategy</u>

E-Prescribing

As of the end of 2009, there are 1,609 community active pharmacies capable of filling e-prescriptions. This figure excludes hospital pharmacies, but includes both chain and independent facilities (both retail and closed) and represents an 85% adoption rate across pharmacies in New Jersey. A total of 2,696 physicians routed prescriptions electronically in New Jersey, representing a 15% e-prescribing adoption rate for physicians in New Jersey.

The State HIT Coordinator's office, working NJ-HITEC, the NJ Dept of Health and Senior Services, and state associations, will develop a new program tentatively titled "ePrescribing New Jersey" to target pharmacists, clinicians, and consumers. In January, the state will develop the list of pharmacies who do not offer ePrescribing by matching Surescripts' list of ePrescribing pharmacies against the NJ Board of Pharmacy's list of all licensed pharmacies in the state. In February, the Coordinator's office, working with the Department of Health and Board of Pharmacy will develop information on ePrescribing in the form of a course, handouts, and Web pages (part of the state HIT Coordinator's Web site). In March, the state and REC will coordinate the start of a series of educational sessions with the HIEs to target non-eRx pharmacies, consumers, and clinicians.



Structured Lab Results

New Jersey has 5,703 Clinical Laboratory Improvement Amendments (CLIA)-recognized laboratories with various certifications. Of these, there are 85 CLIA-accredited independent clinical laboratories, 4,079 recognized physician office laboratories, and 134 CLIA-accredited hospital-based clinical laboratories in the State.

Electronic sharing of laboratory orders and results within hospitals is already a generally accepted practice for all hospitals in New Jersey.

National laboratories have a large presence in New Jersey. These laboratory companies provide connectivity solutions to many state hospitals and healthcare providers for the exchange of electronic lab orders and results. Three of the largest independent clinical laboratories in New Jersey (Quest Diagnostics Inc., Laboratory Corporation of America, and Bio-Reference Laboratories) are able to directly interface with numerous electronic health record (EHR) systems. These interfaces allow for EHR systems to send lab orders electronically and receive results that can be downloaded directly into the EHR. Other connectivity solutions offered by laboratory companies in the State include proprietary portals for requesting lab orders and receiving results.

While the capability to exchange lab orders and results exists within the State, healthcare providers and regional health information exchange organizations have had varying levels of success incorporating laboratory data from commercial laboratory companies into their electronic health information exchange environments. Hospitals and health information exchange organizations that want to exchange lab data with independent laboratories are required to build custom interfaces to support these integration points and to incur ongoing transaction costs. The resulting drain on monetary and human resources for these point-to-point interfaces for electronic laboratory data exchange continues to be an adoption-limiting factor in the State.

New Jersey will approach the adoption of electronic transmission of lab results by leveraging the NJHINT law S323 and the regulations already in place for the electronic reporting of medical data to the NJ Department of Health and Senior Services. The Office of Statewide HIT Coordinator will pursue statutory and regulatory avenues in 2010/2011 that will require commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians (replacing traditional means such as faxing of results).



Patient Care Summary

There is minimal current activity in the state related to the sharing of patient care summaries.

New Jersey is taking several approaches to enable this requirement. The primary mechanism is to pursue certification processes and participation agreements with the HIEs that will require them to support the exchange of Patient Care Summaries (PCS) with Physician EHRs and other HIEs in order to be eligible for statesponsored funding and related state benefits.



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	Х
Nationwide Health Information Network CONNECT	X	Quality Reporting	X
Nationwide Health Information Network DIRECT	X	Behavioral Health Information Exchange	X
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications			
Public Health		Lab Strategy	
Electronic lab reporting of notifiable conditions	Х	Translation services	
Syndromic surveillance	X	EHR interface	Χ
Immunization data to an immunization registry	X	Policy strategy	Χ
Patient Engagement		Order Compendium	
Patient Access/PHR	X	Bi-Directional	Χ
Blue Button		Alignment with CLIA	
Patient Outreach	X	E-Prescribing	
Privacy and Security		Medication History	Χ
Privacy and Security Framework based on FIPS	X	Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	Opt out	Plan for controlled substance	
Authentication Services	X	Set goal for 100% participation	Χ
Audit Log	X	Controlled substance strategy	
Administrative Simplification			
Electronic eligibility verification	Х	Care Summaries	
Electronic claims transactions	Х	Translation services	
Vendor		CCD/CCR Repository	
Planning		Directories	
Core Services		Provider Directory	Х
		Master Patient Index	X
		Record Locator Services	X
		Health Plan Directory	
		Directory of licensed clinical laboratories	Х
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Information for this profile was obtained from the approved Operational and Strategic Plan SUL SERVICES. submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: www.statehieresources.org

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